

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/573492

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4		1		1			54						
5		4		1			55						
6		8		1			56						
7		8		1			57						
8		2		1			58						
9		2		1			59						
10		8		1			60						
11		8		1			61						
12		8		1			62						
13		8		1			63						
14		8		1			64						
15		8		1			65						
16		8		1			66						
17		8		1			67						
18	4	8	4	1			68						
19	1		1				69						
20	1		1				70						
21	1		1				71						
22		1		1			72						
23							73						
24		4		1			74						
25		1		1			75						
26		8		1			76						
27		8		1			77						
28		8		1			78						
29		8		1			79						
30		8		1			80						
31		8		1			81						
32		8		1			82						
33		8		1			83						
34		8		1			84						
35		8		1			85						
36		8		1			86						
37		8		1			87						
38		8		1			88						
39	1		1				89						
40		1		1			90						
41							91						
42		8		1			92						
43		8		1			93						
44	1		1				94						
45		1		1			95						
46		8		1			96						
47		1		1			97						
48		1		1			98						
49							99						
50							100						
TOTAL IND.		↓	8	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	40	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			48				TOTAL CLAIMS						